

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 08/17)

Fiscal Year 2019-20	Business Unit 5225	Department California Department of Corrections and Rehabilitation	Priority No.
Budget Request Name 5225-105-BCP-2019-GB		Program 4670 – Dental And Mental Health Services Administration- Adult	Subprogram 4670 – Dental And Mental Health Services Administration- Adult

Budget Request Description
CCJBH Research Unit

Budget Request Summary

The California Department of Corrections and Rehabilitation requests \$497,000 General Fund and 4.0 positions in fiscal year 2019-20 and ongoing, and \$300,000 General Fund in 2019-20 for one-time contract funding, to expand the research capacity of the Council on Criminal Justice and Behavioral Health.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Project Approval Document: Approval Date:

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Stephanie Welch	Date	Reviewed By Eric Swanson	Date
Department Director Diana Toche	Date	Agency Secretary Ralph Diaz (A)	Date

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

PPBA Original Signed by: Aaron Edwards	Date submitted to the Legislature <i>1/10/19</i>
--	---

BCP Fiscal Detail Sheet

BCP Title: CCJBH Research Unit

BR Name: 5225-105-BCP-2019-GB

Budget Request Summary

	FY19					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	4.0	4.0	4.0	4.0	4.0
Total Positions	0.0	4.0	4.0	4.0	4.0	4.0
Salaries and Wages						
Earnings - Permanent	0	322	322	322	322	322
Total Salaries and Wages	\$0	\$322	\$322	\$322	\$322	\$322
Total Staff Benefits	0	162	162	162	162	162
Total Personal Services	\$0	\$484	\$484	\$484	\$484	\$484
Operating Expenses and Equipment						
5301 - General Expense	0	1	1	1	1	1
5320 - Travel: In-State	0	1	1	1	1	1
5340 - Consulting and Professional Services - External	0	300	0	0	0	0
5368 - Non-Capital Asset Purchases - Equipment	0	19	11	11	11	11
Total Operating Expenses and Equipment	\$0	\$321	\$13	\$13	\$13	\$13
Total Budget Request	\$0	\$805	\$497	\$497	\$497	\$497
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	805	497	497	497	497
Total State Operations Expenditures	\$0	\$805	\$497	\$497	\$497	\$497
Total All Funds	\$0	\$805	\$497	\$497	\$497	\$497
Program Summary						
Program Funding						
4670 - Dental and Mental Health Services Administration-Adult	0	805	497	497	497	497
Total All Programs	\$0	\$805	\$497	\$497	\$497	\$497

BR Name: 5225-105-BCP-2019-GB

Personal Services Details

		Salary Information								
Positions		Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
4802	- Staff Svcs Mgr III (Eff. 07-01-2019)				0.0	1.0	1.0	1.0	1.0	1.0
5157	- Staff Svcs Analyst (Gen) (Eff. 07-01-2019)				0.0	1.0	1.0	1.0	1.0	1.0
5577	- Research Scientist I (Eff. 07-01-2019)				0.0	1.0	1.0	1.0	1.0	1.0
5594	- Research Scientist III (Eff. 07-01-2019)				0.0	1.0	1.0	1.0	1.0	1.0
Total Positions					0.0	4.0	4.0	4.0	4.0	4.0
Salaries and Wages		CY	BY	BY+1	BY+2	BY+3	BY+4			
4802	- Staff Svcs Mgr III (Eff. 07-01-2019)	0	101	101	101	101	101			101
5157	- Staff Svcs Analyst (Gen) (Eff. 07-01-2019)	0	50	50	50	50	50			50
5577	- Research Scientist I (Eff. 07-01-2019)	0	78	78	78	78	78			78
5594	- Research Scientist III (Eff. 07-01-2019)	0	93	93	93	93	93			93
Total Salaries and Wages		\$0	\$322	\$322	\$322	\$322	\$322			\$322
Staff Benefits										
5150450	- Medicare Taxation	0	5	5	5	5	5			5
5150500	- OASDI	0	20	20	20	20	20			20
5150600	- Retirement - General	0	66	66	66	66	66			66
5150800	- Workers' Compensation	0	13	13	13	13	13			13
5150820	- Other Post-Employment Benefits (OPEB) Employer Contributions	0	3	3	3	3	3			3
5150900	- Staff Benefits - Other	0	55	55	55	55	55			55
Total Staff Benefits		\$0	\$162	\$162	\$162	\$162	\$162			\$162
Total Personal Services		\$0	\$484	\$484	\$484	\$484	\$484			\$484

Analysis of Problem

A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) requests \$497,000 General Fund and 4.0 positions in fiscal year 2019-20 and ongoing, and \$300,000 General Fund in 2019-20 for one-time contract funding, to expand the research capacity of the Council on Criminal Justice and Behavioral Health (CCJBH).

B. Background/History

In 2001, California established CCJBH (formerly The Council on Mentally Ill Offenders, or COMIO), through the passage of Senate Bill 1059. CCJBH is a 12-member council chaired by the Secretary of CDCR and comprised of representatives from the Department of State Hospitals (DSH), the Department of Health Care Services (DHCS), and appointed experts from criminal justice and behavioral health fields. The Council is tasked with several statutory goals outlined in California Penal Code (PC) Section 6044, including: investigating, identifying, and promoting cost-effective strategies that prevent adults and juveniles with mental health needs from becoming incarcerated; identifying incentives for state and local justice and health programs to adopt such approaches; reporting its activities to the legislature; and providing recommendations for improving the cost-effectiveness of existing mental health and criminal justice programs. In September 2017, PC 6044 was amended (Chapter 268, Sec. 11) to expand the scope of the Council to include preventing adults and juveniles with substance use disorders and co-occurring mental health and substance use disorders from entering and reentering the California justice system.

The Secretary of CDCR, Director of DSH, and Director of DHCS support the Council with facilities, supplies, and personnel. In 2016-17, CCJBH was provided ongoing resources for two positions to increase diversion policy and program analysis, and develop a primary research program to analyze the impact of Medi-Cal expansion on current and former offenders. In the 2018-19 Budget Act, CCJBH was provided Mental Health Services Fund budget authority for an additional Health Program Specialist I and \$670,000 ongoing for contracts. In addition, the Council was provided \$150,000 Mental Health Services Fund budget authority, over three years, to supply expert consultation to DSH to support the diversion of individuals with mental illness who may be incompetent to stand trial for a felony crime.

The central mission of CCJBH is to promote and support data-driven decision-making on both policy and program issues impacting California. Existing data can be analyzed and used to support reduced incarceration of youth and adults with mental health and substance use disorders. With representation from both behavioral health and criminal justice systems and state and local entities, CCJBH is well positioned to supply research and evaluation at the state level to effect change.

C. State Level Considerations

Systemic criminal justice reform is a top priority for the state, including addressing the needs of individuals with behavioral health disorders who interact with the criminal justice system. Historically, California's reforms have signified a belief that individuals can be effectively supervised at the local level. Individuals should be provided access to community services and support to address conditions that likely led to criminal behavior, including substance use disorder, mental health challenges, and significant levels of trauma. Supporting the adoption of best practices in community supervision and behavioral health care to reduce recidivism can aid in fulfilling the goals of previous reforms. In addition, California needs to better understand how to prevent criminal justice involvement and, if crimes have occurred, selecting appropriate individuals with behavioral health disorders for diversion to community alternative programs is critical.

California is also a leader in the implementation of health care reform, maximizing use of the Medi-Cal program to treat individuals who are most at-risk, including those with serious behavioral health problems returning home from prisons, state hospitals, and jails. Developing programs and partnerships between criminal justice and behavioral health systems is critical to the success of addressing these needs. With

Analysis of Problem

additional research capacity, CCJBH will be able to identify strategies for state and local systems to build effective and sustainable models of care. In recent years, CCJBH has engaged with various governmental partners in public safety and behavioral health, as well as individuals, families, and communities working to create community-based services as alternatives to institutional care.

Reducing the state and local incarceration rate of youth and adults with mental illness and substance use disorders requires strong partnerships between state agencies, departments, commissions, councils, and local partners. Additional staff would allow CCJBH to offer technical assistance and linkage to expertise in policy and practice to governmental partners such as the California Health and Human Services Agency, the California Department of Education, the Board of State and Community Corrections, and the newly established Homeless Coordinating and Financing Council.

This proposal requests General Fund resources. Mental Health Services Fund resources are reserved for individuals with a primary mental illness and are not available for those with a primary substance use disorder, nor parolees or incarcerated individuals.

D. Justification

The consequence of ineffectively meeting behavioral health needs in the community is costly. Individuals with mental illness represent a disproportionate share of jail and prison populations, remain incarcerated longer, require more resources during their incarceration, and have higher recidivism rates.

In addition, the treatment of mental health and substance use disorders is not effectively integrated, creating an inefficient and costly system that is difficult to navigate and administer. More than fifty percent of inmates in prisons and seventy percent of those in jails, met criteria for substance dependence or abuse disorders in the year prior to their arrest (Mulmola et. al, 2006). These challenges continue after release from incarceration as nearly ten percent of probationers and parolees have a serious mental illness and forty percent have a substance use disorder (Feucht et. al, 2011).

Criminal justice and health care reforms have provided a foundation for reducing the incarceration of youth and adults with behavioral health disorders, but it is necessary for the state to sustainably invest in data, evaluation, and research activities to know what does and does not work. Evidence suggests that for individuals with complex needs like co-occurring substance use and mental health conditions, criminogenic risk factors, major and multiple medical problems, and chronic homelessness, services and strategies need urgent re-examination. Effectively treating these individuals in the community, rather than inside costly institutions, leads to more resources directed toward early intervention and prevention of incarceration.

Based on survey work and other data collected from state and local implementers, CCJBH concluded in a recent annual report that data and information is not systematically collected to adequately inform policymaking or to support accountability and quality improvement. There is considerable data in the state among criminal justice and behavioral health systems, but there is a lack of guidance and direction regarding how to use and share data. Investing in quality data and research is critical to reducing unnecessary spending and to identify programs that do not meet expectations. CCJBH will use the additional expertise of research staff to identify and provide tools and support to counties to help address common concerns including:

- a. Lack of knowledge when patient consent is needed to exchange criminal justice or behavioral health information;
- b. Lack of data systems with required interoperability;
- c. Lack of approved policies or agreements in place to share and exchange data; and
- d. Lack of staff capacity or training to collect, analyze, or share data.

Analysis of Problem

With additional resources, CCJBH will expand the current Medi-Cal utilization research program to enhance efforts to understand how rehabilitation and health care programming within CDCR contributes to improved health and public safety outcomes upon re-entry. These strategies include using low cost outpatient substance use disorder treatment services rather than emergency rooms. Further, expanded research efforts will be developed in partnership with other state agencies and departments to allow them to analyze their impact on improving health outcomes and contributing to reduced incarceration. By conducting new research, CCJBH is equipped to take lessons learned from the Medi-Cal utilization research program and consider other useful applications. For example, CCJBH is positioned to research and provide data on trends in incarceration rates among youth and adults with mental illness and substance use disorders who were previously in the foster care system. Through partnerships with other state and local agencies, CCJBH can help recommend early intervention strategies to prevent incarceration.

Contract to Establish Evaluation Framework

CCJBH is requesting a one-time \$300,000 General Fund augmentation to obtain a contract to develop and implement an evaluation framework to monitor critical issues affecting California's behavioral health and public safety outcomes. CCJBH would use the Sequential Intercept Model, which provides a framework of points of interception from prevention to successful community integration where an intervention can be made to divert individuals from falling deeper into the criminal justice system. Several counties have conducted similar work to support planning efforts at the local level to identify gaps in services and map how resources like Public Safety Realignment, the Mental Health Services Act, and Medi-Cal can be better used to achieve desired outcomes. This contract would provide a statewide monitoring system to track trends and identify gaps by assessing a wide variety of indicators available in existing datasets. For example, the California Health Interview Survey can provide information associated with reduced incarceration such as increased available crisis response alternatives, while the Jail and Juvenile Detention Profile Surveys can assess increased treatment capacity or reduced rates of needed services, and point-in-time counts from county-issued homelessness surveys can help assess homelessness among individuals with justice-involvement and behavioral health disorders.

The framework will operate as an informational tool to provide guidance to the state on reducing the prevalence of mental illness and substance use disorders in jails, prisons, and state hospitals through best practices in prevention, diversion, re-entry, and recidivism reduction. Identified trends will provide direction to focus the work of the Council. For example, if the framework analysis shows increased rates of emergency services within the first 30 days after release or increased rates of unsheltered homelessness, the Council may decide to identify best practices and develop policy recommendations to improve discharge planning with appropriate housing placements immediately upon re-entry. CCJBH will disseminate information and promote the adoption of best practices by producing regular trend reports and identifying areas of local success.

Positions to Support Research Efforts

CCJBH is requesting four positions to investigate, identify, and research best practices in prevention, diversion, and re-entry. Expanded research will be conducted by a Research Scientist III (RSIII) with secondary research support from a Research Scientist I. The RS III will work with the contracted research entity as a technical consultant for the development of the statewide monitoring framework. CCJBH's current and requested positions will be supervised by a Staff Services Manager III (SSM III) who will manage daily council activities and assist in developing policy with support from the Staff Services Analyst (SSA) executing daily administrative duties.

E. Outcomes and Accountability

The policy briefs, technical resources, and other tools produced by the Council will be disseminated through extensive outreach and engagement. In addition to producing new resources, the Council will also participate in and contribute to key initiatives being implemented at the federal, state, and local level.

Analysis of Problem

The Council will forge partnerships to support training and technical assistance to adopt changes or adapt programs. The Council will provide presentations, quarterly progress reports, dashboards, and publications in partnership with DHCS, DSH, the Department of Social Services, the Department of Public Health, and others as appropriate or requested.

F. Analysis of All Feasible Alternatives

Alternative 1: Approve 497,000 General Fund and 4.0 positions in fiscal year 2019-20 and ongoing, and \$300,000 General Fund in 2019-20 for one-time contract funding, to expand the research capacity of CCJBH.

Pros:

- Provides State and local partners with effective ways to reduce the incarceration of individuals with serious behavioral health disorders.
- Establishes a statewide monitoring system to measure California's progress in reducing incarceration rates.

Con:

- Increases cost to the General Fund.

Alternative 2: Approve \$497,000 General Fund and 4.0 positions to meet increasing demand for research capacity and related activities.

Pros:

- Provides State and local partners with effective ways to reduce incarceration of individuals with serious behavioral health disorders.

Cons:

- Increases cost to General Fund.
- The Council will not be able to develop a statewide system to monitor the state's progress in reducing incarceration of youth and adults with mental illness and substance use disorders.

Alternative 3: Approve \$382,000 General Fund and 3.0 positions (SSM III, RS III, and SSA) to meet increasing demands for research capacity and related activities.

Pro:

- The Council will be closer to meeting the increasing demand for services.

Cons:

- Increases cost to General Fund.
- The Council will not be able to develop a statewide system to monitor the state's progress in reducing incarceration of youth and adults with mental illness and substance use disorders.

G. Implementation Plan

Beginning in 2019-20, CCJBH will expand research activities with CDCR. By the third quarter of 2019-20, CCJBH will complete necessary steps with interested fellow state agencies and departments to participate in expanded and shared research objectives. Research activities will enhance existing responsibilities to provide ongoing regulatory, legislative, and budgetary policy analysis to state and local partners and stakeholders. The strategic framework contract will be executed early in 2019-20 and completed at the end of 2020-21, at which time CCJBH will maintain the monitoring system to inform state policy and direct council priorities.

Analysis of Problem

H. Supplemental Information

Attachment A, Workload Analysis

I. Recommendation

Alternative 1: Approve 497,000 General Fund and 4.0 positions in fiscal year 2019-20 and ongoing, and \$300,000 General Fund in 2019-20 for one-time contract funding, to expand the research capacity of CCJBH.